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Dear Sen. Coleman, Rep. Tong, and Members of the Judiciary Committee:

I am testifying in opposition to Committee Bill #5505, *An Act Concerning Family Court Proceedings*.

As a psychologist who has worked in both clinical and forensic settings, I am especially concerned about Sections 3 and 4, mainly because these sections suggest practices that are in opposition to the established ethics of my profession, specifically regarding conducting dual relationships with individuals seeking services. The sections also perhaps indicate a lack of clarity about the differences between the roles of a clinician and a forensic evaluator.

In family custody matters involving severe conflict, the normal emotional boundaries that exist in families – in which parents discuss adult matters between themselves and children are not involved in these matters – are often cast aside. When parents are in serious conflict with one another and trust has broken down between the adults, children often suffer the consequences and – perhaps unintentionally - become involved in the adult issues of their parents. With these psychological boundaries becoming fragile, it is critical that the professionals involved in managing the family's case provide a model of boundaries to the family by keeping their roles in the case separate – since each role has a very different function.

Sections 3 and 4 of Committee Bill #5505 would cause greater confusion among those different roles and lead to professionals not only perhaps practicing beyond the scope of their abilities, but also modeling yet further confusion for a family in need, as well as possibly causing them additional harm.

First, clinical and forensic roles each require distinctive training. While the clinical role is largely supportive as it also helps to challenge a patient to make desired changes to better his or her life, clinicians – regardless of their specialty area – do not have an objective view of the entire case since they rarely have access to all the members of the family, as does the forensic specialist performing an evaluation of the entire family.

Second, the boundaries of confidentiality that are primary and present in clinical work are nonexistent when a case is in the courts, and parents involved in custody matters know that when they begin a forensic evaluation. To ask individual clinical specialists to serve in an evaluative role means compromising the confidentiality of the relationship between the patient and the clinician. If a patient knows that his/her therapist could become an “evaluator” of sorts, it is likely he/she will not fully participate in the therapeutic process for fear of how that clinician will rate his/her performance, thereby undermining that relationship.

I hope the Committee will take the time to understand these different roles since they are essential to the mental health of the families who need these services.

Thank you.

Sincerely Yours,

Susan Berry, Ph.D.